



Sharing Facts About Me and My Case with a Community Partner

Case Name	Case No. (if any)	Applicant First Name	Applicant Last Name	Applicant Date of Birth
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By signing this form, I understand _____ is helping me apply for HHSC benefits by allowing me to:

- Use a device such as a computer or tablet that connects to the Texas Health and Human Services Commission's (HHSC) Your Texas Benefits website. I can use this website to apply for HHSC benefit programs such as SNAP, TANF, Medicaid and the Children's Health Insurance Program (CHIP).
- Work with staff or volunteers who will help me understand and apply for HHSC benefits through the Your Texas Benefits website. I know that when I am applying through the website, I may need to share facts about myself and my family, including facts about my health, with the agency listed above so they can help me fill out and submit the application form.
- Use other equipment I may need to apply through the Your Texas Benefits website. This other equipment may be a printer, copy machine, fax machine, phone or paper scanner. I understand that by using these items I may need to share facts about myself and my family, including facts about my health and my case, with staff or volunteers for the agency listed above.
- Work with staff or volunteers who will help me find facts about my case or my application using the Your Texas Benefits website or by contacting HHSC on my behalf. This includes help finding the status of my application and facts about HHSC benefits I'm getting, including when my benefits will start or end. I understand that to get this help I will need to share with staff and volunteers my username, Social Security Number or case number, and I may need to share facts about myself and my family, including facts about my health and my case.

I understand that the agency listed is acting on my behalf and is not acting on behalf of HHSC.

I know that I do not have to sign this form to:

- Apply for HHSC benefits.
- Be approved for HHSC benefits.
- Get services through HHSC benefits.

I authorize HHSC to share facts about my case with the following person or agency. I understand the facts about my case may include private facts about my health.

Case Name: _____

Community Partner Agency (if any): _____

Address: _____

City, State, ZIP Code: _____

Phone No. and Area Code: _____

Check one of the following:

- ☐ I am only sharing my personal information to complete my application or make changes to my benefits case.
- ☐ Share my information through YourTexasBenefits.com inquiry; case number(s), benefit program(s), case member name(s), Benefit amount or active/inactive, benefit status, start date and renewal date.
- ☐ Share my whole case record.
- ☐ Share only the following facts from my case record:

This agreement ends on:

(This form expires one year from signature date if no date is entered.)

I understand that to get help applying for HHSC benefits from the community partner agency listed above, I must understand what's in this form and sign it.

My Signature

Date

If you are signing as the legally authorized representative (defined as those persons listed below) of the person whose case record is being shared, check the box next to the phrase that best describes your authority to act for the person. We also may need to see proof of this relationship.

- ☐ A parent or legal guardian if the person is a minor.
- ☐ A legal guardian if a judge has ruled the person is not competent to manage their own personal affairs.
- ☐ An agent named as the person's durable power of attorney for health care.
- ☐ The person's court-appointed attorney ad litem.
- ☐ The person's court-appointed guardian ad litem.
- ☐ A personal representative or statutory beneficiary if the person is deceased.
- ☐ An attorney retained by the person or by another person listed on this form.
- ☐ If the person is deceased, their personal representative must be the executor, independent executor, administrator, independent administrator or temporary administrator of the estate.